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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Alliford an ar Directed Humbins: 10/672-060		
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)			SM	ALL ENTITY	OR		R THAN ENTITY	
FOR	HUMBER FILED	NUMB	ER EXTRA	RAT	E FEE	1	. RATE	FEE
BASIC FEE (37 CFR 1.16(a))				1	,385	OR		5
(37 CFR 1.16(c))		0 = .		x s		1		 -
INDEPENDENT CLAIMS	4 minus	1, 1		x 54.	112	OR	× 3	
MULTIPLE DEPENDENT O	(37 CFR 1,16(d))	· · ·	+ s	2: 43	OR	X \$	 	
If the difference in column 1 is less than zero, enter 10 in column 2.					LIYE	OR	+5	
				TOTA	, 1 4-20	jok	, TOTAL	L
CLAIMS AS AMENDED - PART II								
	Column ()	(Column 2)	(Column 3)	SM	ALL ENTITY	OR		R THAN ENTITY
 	CLAIMS EMAINING AFTER JENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	Abbi- Honal Fee
(3) CFR (,18p2)	28	20	108_	x 125	= 2700	OR	x \$	
(37 CSR (,1654)	Minus	" 4	· 1	x s 100	- 100	OR	x s =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR (.16(d))				+:130	180	ck	+5 =	
145 (1) (2) (3) (8) (W) 141				TOTAL ADDLF	12000	OR	TOTAL	
8 31 05 (Column 1) (Column 2) (Column 3)				ADDER	E 0-700	; •	ADD'L FEE	<u> </u>
EL RI	CLAIMS EMAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
O to cas i resto	32 Minus	128	. (x s	a- ·	OR	/ S •	
independent .	4 Minus	5	•	x 5		OR	x \$=	
FIRST PRESENTATION OF LIVE TIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 5	-	OR	+s .	
				TOTAL ADD'L FL	E	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)				_				
O RE	CLAINS MAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- 11ONAL FEE		RATE	ADDI- FER
Total (3/CFR 1,18(d)	Minus		5	x s		0 R	x \$=	
Independent	Minus	***	8	x \$	=	OR	x \$*	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR L16(d))				+ 5	g g	OR	+ s=	
				TOTAL ADD L FE	E	OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3, If the "Helitest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, order "3" The "Highest Number Previously Paid For" (I dat or Independent) is the highest number found in the appropriate over an obtain 1.								

This collection of information is required by 37 CFR 1 fb. The information is required to obtain or retirem a benefit for the outer rate by 27 CFR 1 fb. The information is required to obtain or retirem a benefit for the outer rate by Pay USP 10 to necess) an application. Combinating system of the property of the outer rate by Pay 10 to 10 to necess) an application. Combining the completed application form to the USP 10 1 time will vally deposition cases the reducing pathering, preparing, and submitting the completed application form to the USP 10 1 time will vally deposition cases the reducing this bandon, should be sent to the Cidel Information Officer. U.S. Palent and frademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FIES OR COMPLETED FORMS TO THIS ADDRESS. SEND 10: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.